

Enhanced perioperative care in liver and pancreat surgery

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Enhanced perioperative care in liver and pancreatic surgery

1. Implementing an ERAS program for liver surgery is feasible and safe – *this thesis*
2. Implementing an ERAS program for pancreaticoduodenectomy reduces postoperative length of hospital stay and does not compromise outcomes – *this thesis*
3. Also elderly patients undergoing pancreatic surgery can be managed safely in an ERAS program – *this thesis*
4. A composite-endpoint for pancreaticoduodenectomy reduces sample sizes for randomized controlled trials, increases the comparability of studies and facilitates the conduct of meta-analyses – *this thesis*
5. Patients and care providers rank functional recovery over an early discharge – *this thesis*
6. ERAS programs are evidence-based, patient-centered and cost-effective – *this thesis*
7. The randomized controlled trial comparing intra-peritoneal drainage after pancreaticoduodenectomy with no drainage was stopped early. This decision was wrong. – *Van Buren et al. Ann Surg 2014;259:605-612*
8. Most patients with pancreatic tumors suffer from exocrine insufficiency at time of diagnosis or soon after resection and should be treated with pancreatic enzymes – *Sikkens et al. Br J Surg 2014; 101: 109–113*
9. Appendicitis can be treated with oral antibiotics and does not necessarily need an appendectomy. – *Di Saviero et al. Ann Surg 2014;260;109-117*
10. Be careful about reading health books. You may die of a misprint. – *Mark Twain*
11. You need the hand, the eye and the heart, two won't do – *David Hockney*